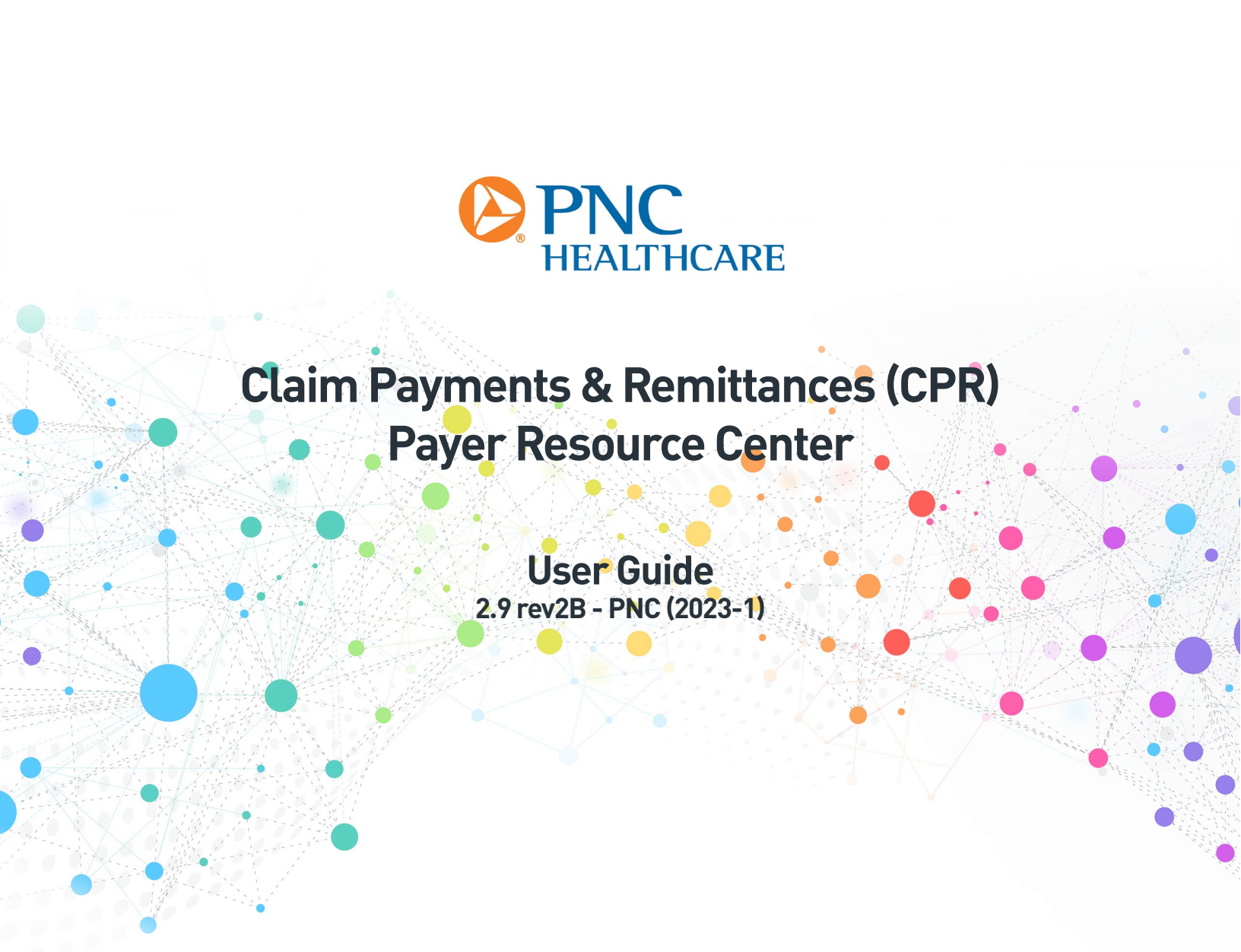

Claim Payments & Remittances (CPR)
Payer Resource Center

User Guide
2.9 rev2B - PNC (2023-1)

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Introduction

Welcome to **PNC Healthcare's CPR Payer Resource Center User Guide**.
This Guide contains information we hope will help you in using the CPR Payer Resource Center.

The CPR Payer Resource Center is intended to make the Customer Service function easier for you. Designed as a "one-stop shop" to address most Customer Service calls, the Payer Resource Center enables you to view important information, to generate useful and detailed reports, and to export information into an electronic file.

PNC Healthcare offers optional enhanced Payers Resource Center features. These include: a) the capability for employer groups to access the accounting and image retrieval capabilities of the PNC Healthcare payment process, b) the **Reconciliation Link** that gives detailed data about payment settlement, and c) the PNC Healthcare **835 Score Card**, a tool that provides statistics about the quality of your 835 file and crosswalk data.

The CPR Payment Resource Center can be searched, viewed and exported into commonly used electronic file formats. As the PNC Healthcare Payers Resource Center user, you decide on the type and level of detail you need.

As you read through this document, please feel free to contact PNC Healthcare if you need additional information or have suggestions on how we can improve this Guide to better meet your needs. We value your input!

If you need more information, please
contact PNC Healthcare or the Payer's Customer Service Team

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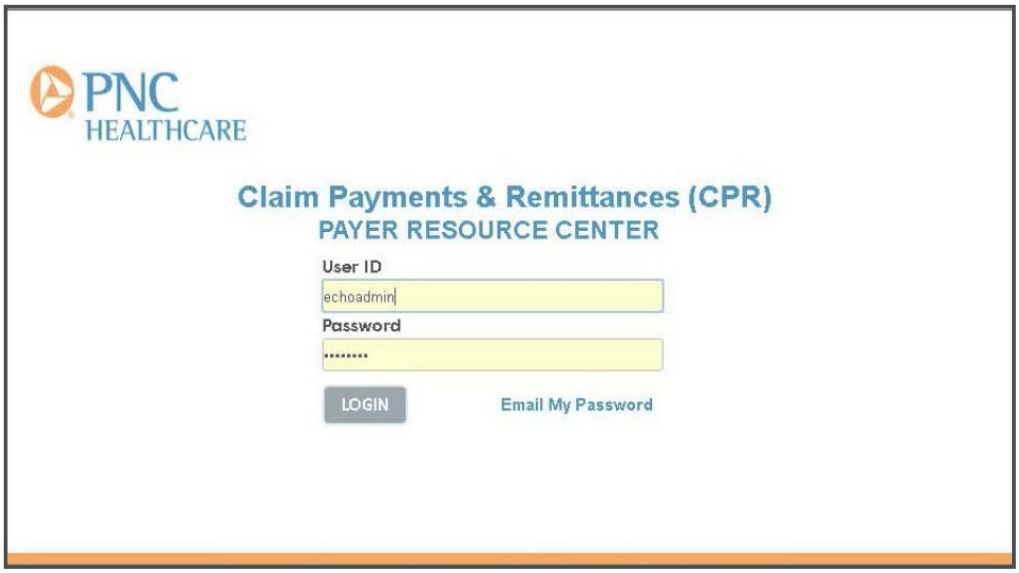
Logging In

First-time Login

The password you received from CPR is temporary – for your first-time login only. After your successful initial login, you will be prompted to change your password. Rules for changing passwords can be found in the "Password Rules" information at the bottom of this page.

To log in, enter into your browser: https://ui.echohealthinc.com/pnc.aspx. Input your **User ID** and **Password** *(screenshot below.)* If you forget your password, click on the link, **Email My Password**. If you experience any problems, please contact Customer Service (833.629.9725).



Password Rules

- Must contain ***at least*** 16 characters
- Must contain upper ***and*** lower-case letters
- Must contain ***at least*** one number
- Must have ***at least*** one special character *(example: !,@,#,$,%,^,&,*)*
- Cannot contain the user's account name *(example: If username is "John.Doe@ABC.com," your password **cannot** contain "John" or "Doe")*
- You cannot change your password more than one time in a 24-hour period
- You cannot re-use a password that you have already used

Note:

Passwords expire after 120 days. When your password expires, you will be prompted at your next login attempt to create a new password. You cannot re-use a password that you have already used for the Payer Resource Center.

Your account will lock after five (5) failed login attempts. Your account will automatically unlock after 30 minutes. *(Note: If you need immediate access to your account, please contact Customer Service.)*

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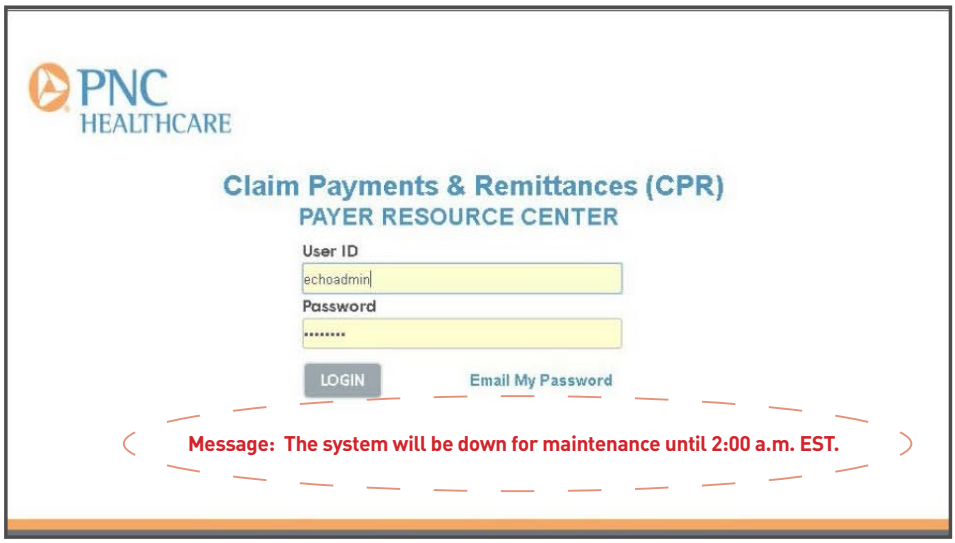
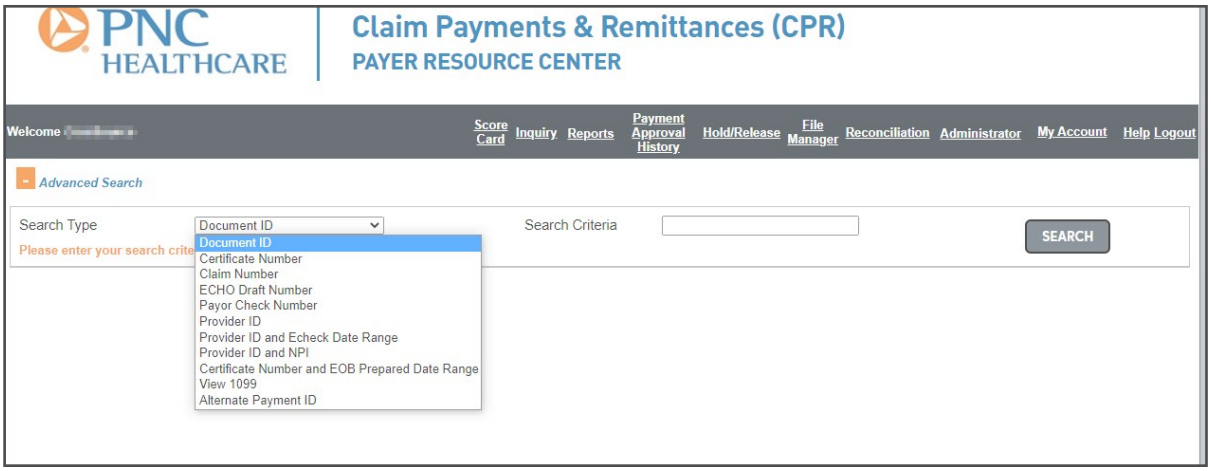
System Access and Messages

If the system is unavailable, a message will be displayed on the login screen.



Inquiry (Home) Page

The **Inquiry** page appears with successful log in *(see screenshot below)*.



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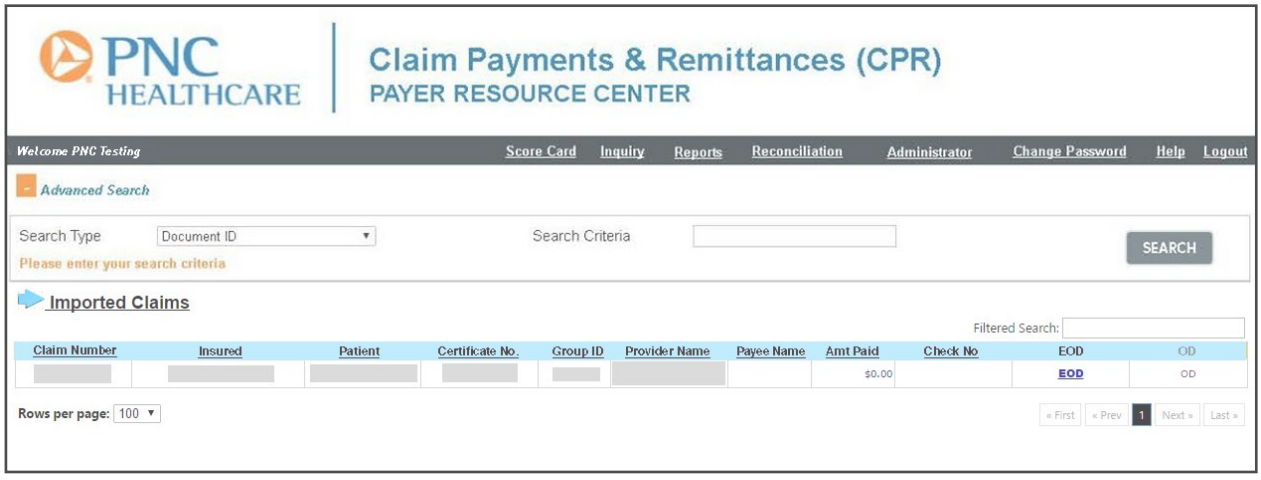
The **Search Type** drop-down list displays the options you can use to search for payment documents. These options are described in the list below:

- **Document ID**: Certain adjudication systems support a secondary claim number and can be used as a searchable field
- **Certificate Number**: The member ID or social security number of the insured
- **Claim Number**: Number generated by the adjudication system to identify the rendered services
- **ECHO Draft Number**: Number assigned by ECHO for a consolidated payment to member or provider
- **Payor Check Number**: Check number assigned by the adjudication system
- **Provider ID**: Tax Identification Number (TIN) for the provider being paid
- **Provider ID and Echeck Date Range**: Allows search by both Provider ID and Echeck dates
- **Provider ID and NPI**: Allows search by Provider ID, NPI and optional date range
- **Certificate Number and EOB Prepared Date Range**: Allows search by both Certificate Number and EOB Prepared Date: Date Range is displayed when this option is selected.
- **View 1099**: Allows search for 1099 for your TPA by TIN
- **Alternate Payment ID**: Allows search by OPTUM or ELAVON payment IDs

Click on the **Search Type** drop-down list option you want and make the required selections and/or enter information in the boxes. For the *most popular* **Search Type** options, detailed instructions are provided in this section.

An important status distinction is made between "Imported" and "Produced" claims. Often, there is a period of time between when the claim data is sent to CPR and the scheduled payment (production) date. For claims that have not been "produced" *(i.e., fully processed, released)*, CPR assigns the status of Imported – you can view these claims under the heading of **Imported Claims.**

Imported Claims will have fewer viewing options versus claims that are **Produced** *(see the screenshot below)*. All viewable document links will be underlined.



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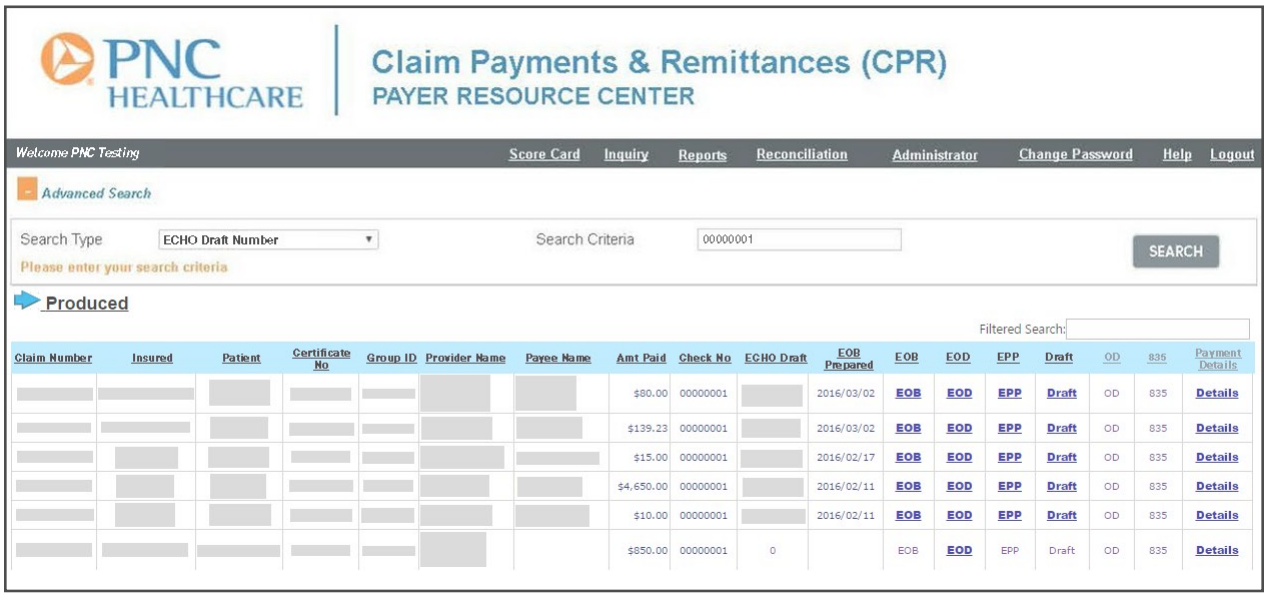
Search Type: ECHO Draft Number

Referring to the screenshot below, in the **Search Type** drop-down list click on **ECHO Draft Number**. In the **Search Criteria** box, enter an **ECHO Draft Number** and click the **Search** button on the right of the screen. Links to documents associated with the **ECHO Draft Number** you entered appear on the right of the screen ***(EOB, EOD, EPP, Draft, OD, 835*** *and* ***Payment Details)***. Note: Links that can be viewed will be underlined. Depending on the status of the **ECHO Draft Number**, different links will be available to view.



If the **ECHO Draft Number** status is "Imported," viewing options will be limited. If that **ECHO Draft Number** has been "Produced" *(fully processed and released)*, more linked documents will be viewable. To see the document, click on its link.

Sample displays of each associated document type follow in this section.

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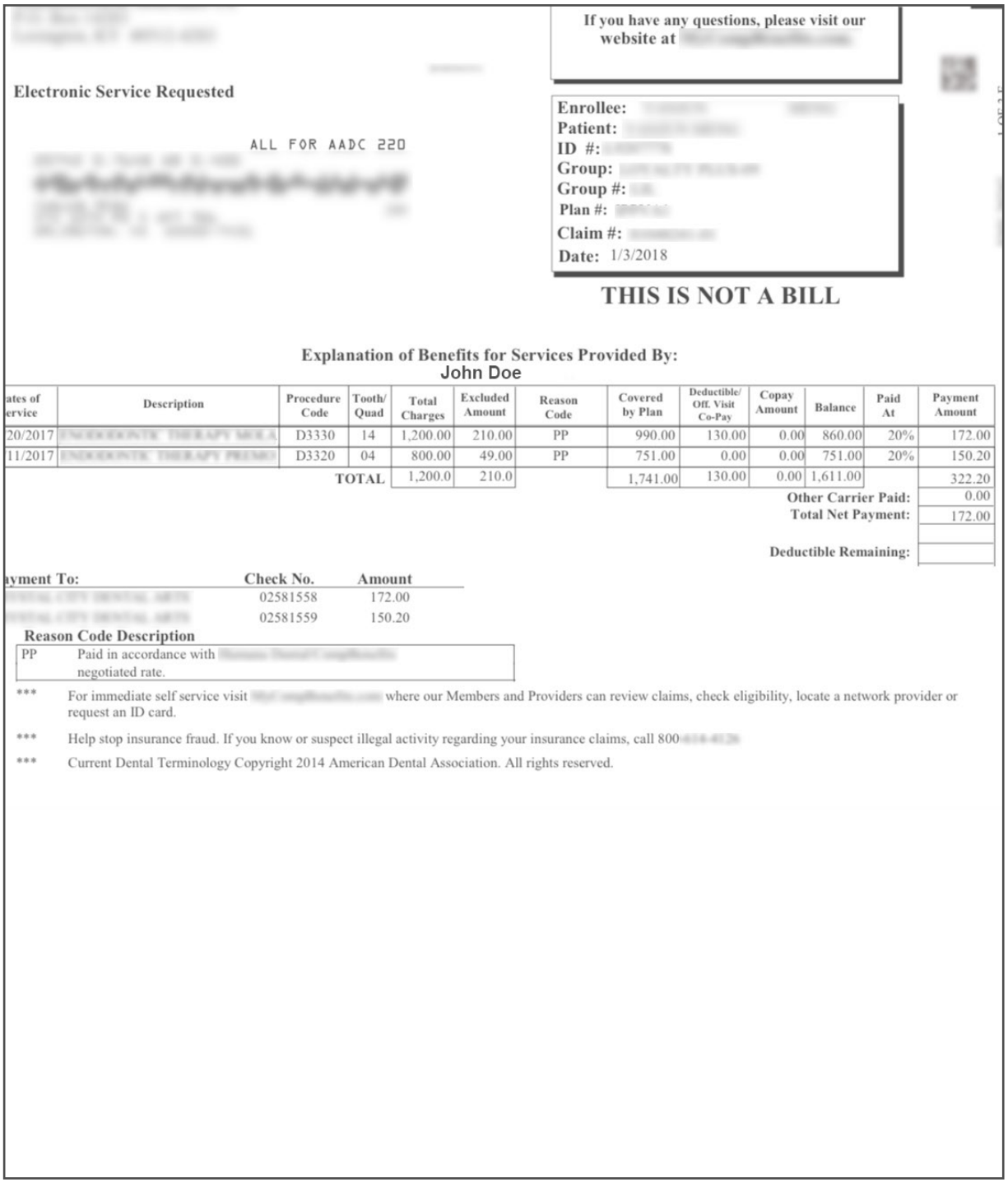
Sample EOB

This option, shown in the screenshot below, will show the Monthly Family EOB, if already generated.



If you have any questions, please visit our website at

Electronic Service Requested

ALL FOR AADC 220

Enrollee:
Patient:
ID #:
Group:
Group #:
Plan #:
Claim #:
Date: 1/3/2018

THIS IS NOT A BILL

Explanation of Benefits for Services Provided By:
John Doe

ates of ervice	Description	Procedure Code	Tooth/ Quad	Total Charges	Excluded Amount	Reason Code	Covered by Plan	Deductible/ Off. Visit Co-Pay	Copay Amount	Balance	Paid At	Payment Amount
20/2017		D3330	14	1,200.00	210.00	PP	990.00	130.00	0.00	860.00	20%	172.00
11/2017		D3320	04	800.00	49.00	PP	751.00	0.00	0.00	751.00	20%	150.20
		TOTAL		1,200.0	210.0		1,741.00	130.00	0.00	1,611.00		322.20

Other Carrier Paid: 0.00
Total Net Payment: 172.00
Deductible Remaining:

ayment To:	Check No.	Amount
	02581558	172.00
	02581559	150.20

Reason Code Description

PP	Paid in accordance with negotiated rate.

*** For immediate self service visit where our Members and Providers can review claims, check eligibility, locate a network provider or request an ID card.

*** Help stop insurance fraud. If you know or suspect illegal activity regarding your insurance claims, call 800

*** Current Dental Terminology Copyright 2014 American Dental Association. All rights reserved.

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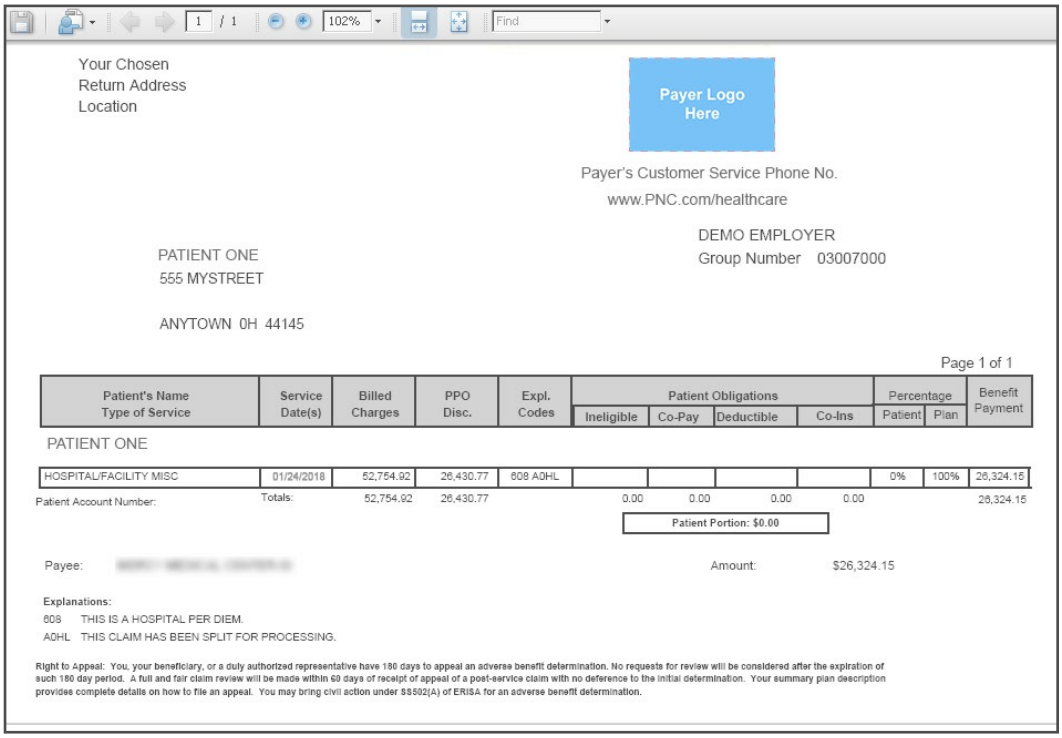
Sample EOD (EOB on Demand)

If the claim has not yet been produced onto a monthly Family EOB, you can still see that claim as it *will appear* when the document is generated.



Your Chosen
Return Address
Location

Payer Logo Here

Payer's Customer Service Phone No.
www.PNC.com/healthcare

DEMO EMPLOYER
Group Number 03007000

PATIENT ONE
555 MYSTREET

ANYTOWN 0H 44145

Page 1 of 1

Patient's Name Type of Service	Service Date(s)	Billed Charges	PPO Disc.	Expl. Codes	Patient Obligations				Percentage		Benefit Payment
					Ineligible	Co-Pay	Deductible	Co-Ins	Patient	Plan	
PATIENT ONE											
HOSPITAL/FACILITY MISC	01/24/2018	52,754.92	26,430.77	608 A0HL					0%	100%	26,324.15
Patient Account Number:	Totals:	52,754.92	26,430.77		0.00	0.00	0.00	0.00			26,324.15

Patient Portion: $0.00

Payee: [redacted] Amount: $26,324.15

Explanations:
608 THIS IS A HOSPITAL PER DIEM.
A0HL THIS CLAIM HAS BEEN SPLIT FOR PROCESSING.

Right to Appeal: You, your beneficiary, or a duly authorized representative have 180 days to appeal an adverse benefit determination. No requests for review will be considered after the expiration of such 180 day period. A full and fair claim review will be made within 60 days of receipt of appeal of a post-service claim with no deference to the initial determination. Your summary plan description provides complete details on how to file an appeal. You may bring civil action under §502(A) of ERISA for an adverse benefit determination.

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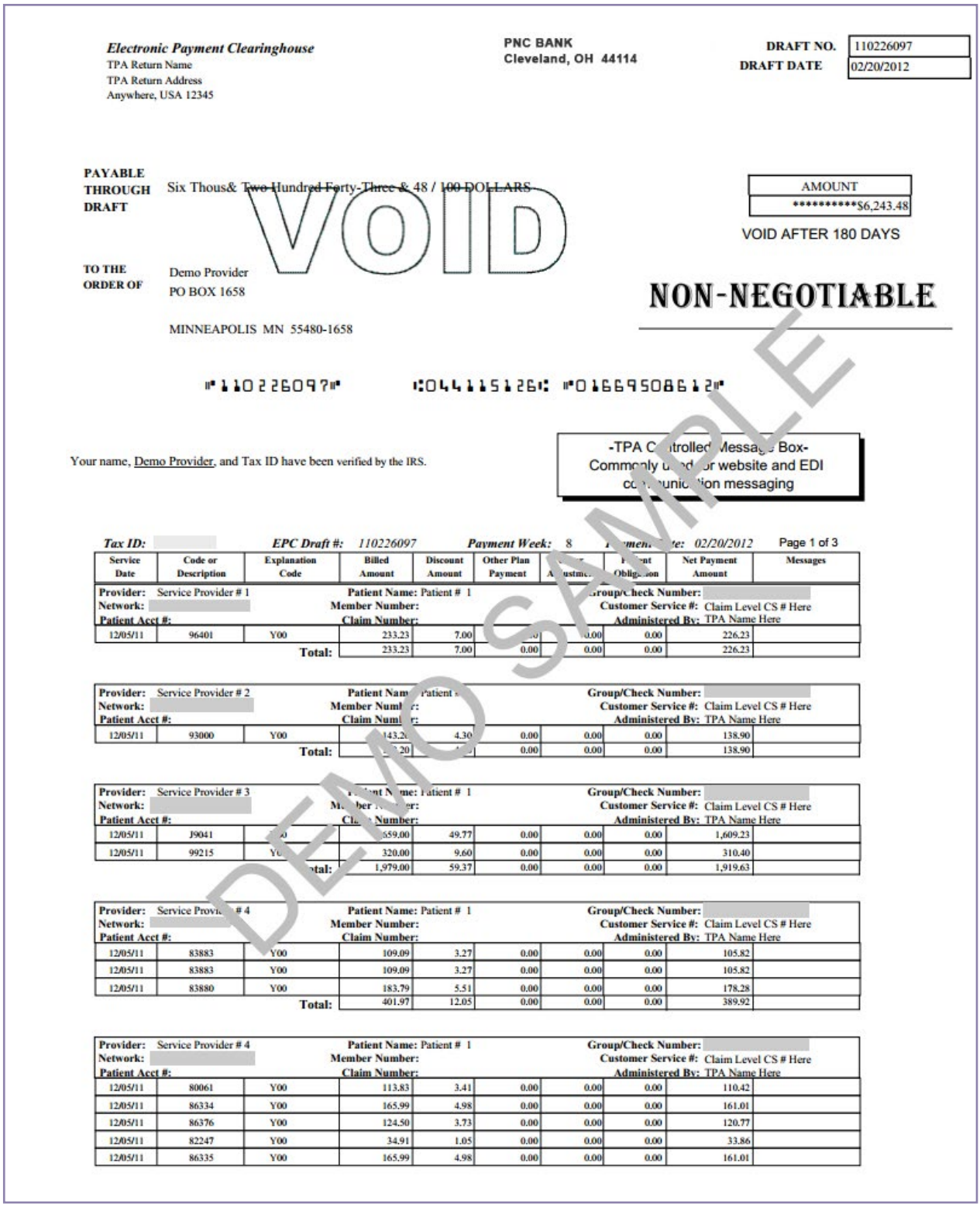
Sample EPP (Explanation of Provider Payments)

As shown in the screenshot below, this is the exact copy of the Provider's EOB.



Electronic Payment Clearinghouse
TPA Return Name
TPA Return Address
Anywhere, USA 12345

PNC BANK
Cleveland, OH 44114

DRAFT NO. 110226097
DRAFT DATE 02/20/2012

PAYABLE THROUGH DRAFT Six Thous& ~~Two Hundred~~ Forty-Three & 48 / ~~100 DOLLARS~~

VOID

AMOUNT
**********$6,243.48

VOID AFTER 180 DAYS

TO THE ORDER OF Demo Provider
PO BOX 1658

MINNEAPOLIS MN 55480-1658

NON-NEGOTIABLE

⑈110226097⑈ ⑆044115126⑆ ⑈0166950861 2⑈

Your name, Demo Provider, and Tax ID have been verified by the IRS.

-TPA Controlled Message Box-
Commonly used for website and EDI communication messaging

Tax ID: ***EPC Draft #:*** *110226097* ***Payment Week:*** 8 ***Payment Date:*** *02/20/2012* Page 1 of 3

Service Date	Code or Description	Explanation Code	Billed Amount	Discount Amount	Other Plan Payment	Adjustments	Patient Obligation	Net Payment Amount	Messages
Provider: Service Provider # 1			**Patient Name:** Patient # 1				**Group/Check Number:**		
Network:			**Member Number:**				**Customer Service #:** Claim Level CS # Here		
Patient Acct #:			**Claim Number:**				**Administered By:** TPA Name Here		
12/05/11	96401	Y00	233.23	7.00	0.00	0.00	0.00	226.23	
		Total:	233.23	7.00	0.00	0.00	0.00	226.23	
Provider: Service Provider # 2			**Patient Name:** Patient # 1				**Group/Check Number:**		
Network:			**Member Number:**				**Customer Service #:** Claim Level CS # Here		
Patient Acct #:			**Claim Number:**				**Administered By:** TPA Name Here		
12/05/11	93000	Y00	143.20	4.30	0.00	0.00	0.00	138.90	
		Total:	143.20	4.30	0.00	0.00	0.00	138.90	
Provider: Service Provider # 3			**Patient Name:** Patient # 1				**Group/Check Number:**		
Network:			**Member Number:**				**Customer Service #:** Claim Level CS # Here		
Patient Acct #:			**Claim Number:**				**Administered By:** TPA Name Here		
12/05/11	J9041	Y00	1,559.00	49.77	0.00	0.00	0.00	1,609.23	
12/05/11	99215	Y00	320.00	9.60	0.00	0.00	0.00	310.40	
		Total:	1,979.00	59.37	0.00	0.00	0.00	1,919.63	
Provider: Service Provider # 4			**Patient Name:** Patient # 1				**Group/Check Number:**		
Network:			**Member Number:**				**Customer Service #:** Claim Level CS # Here		
Patient Acct #:			**Claim Number:**				**Administered By:** TPA Name Here		
12/05/11	83883	Y00	109.09	3.27	0.00	0.00	0.00	105.82	
12/05/11	83883	Y00	109.09	3.27	0.00	0.00	0.00	105.82	
12/05/11	83880	Y00	183.79	5.51	0.00	0.00	0.00	178.28	
		Total:	401.97	12.05	0.00	0.00	0.00	389.92	
Provider: Service Provider # 4			**Patient Name:** Patient # 1				**Group/Check Number:**		
Network:			**Member Number:**				**Customer Service #:** Claim Level CS # Here		
Patient Acct #:			**Claim Number:**				**Administered By:** TPA Name Here		
12/05/11	80061	Y00	113.83	3.41	0.00	0.00	0.00	110.42	
12/05/11	86334	Y00	165.99	4.98	0.00	0.00	0.00	161.01	
12/05/11	86376	Y00	124.50	3.73	0.00	0.00	0.00	120.77	
12/05/11	82247	Y00	34.91	1.05	0.00	0.00	0.00	33.86	
12/05/11	86335	Y00	165.99	4.98	0.00	0.00	0.00	161.01	

DEMO SAMPLE

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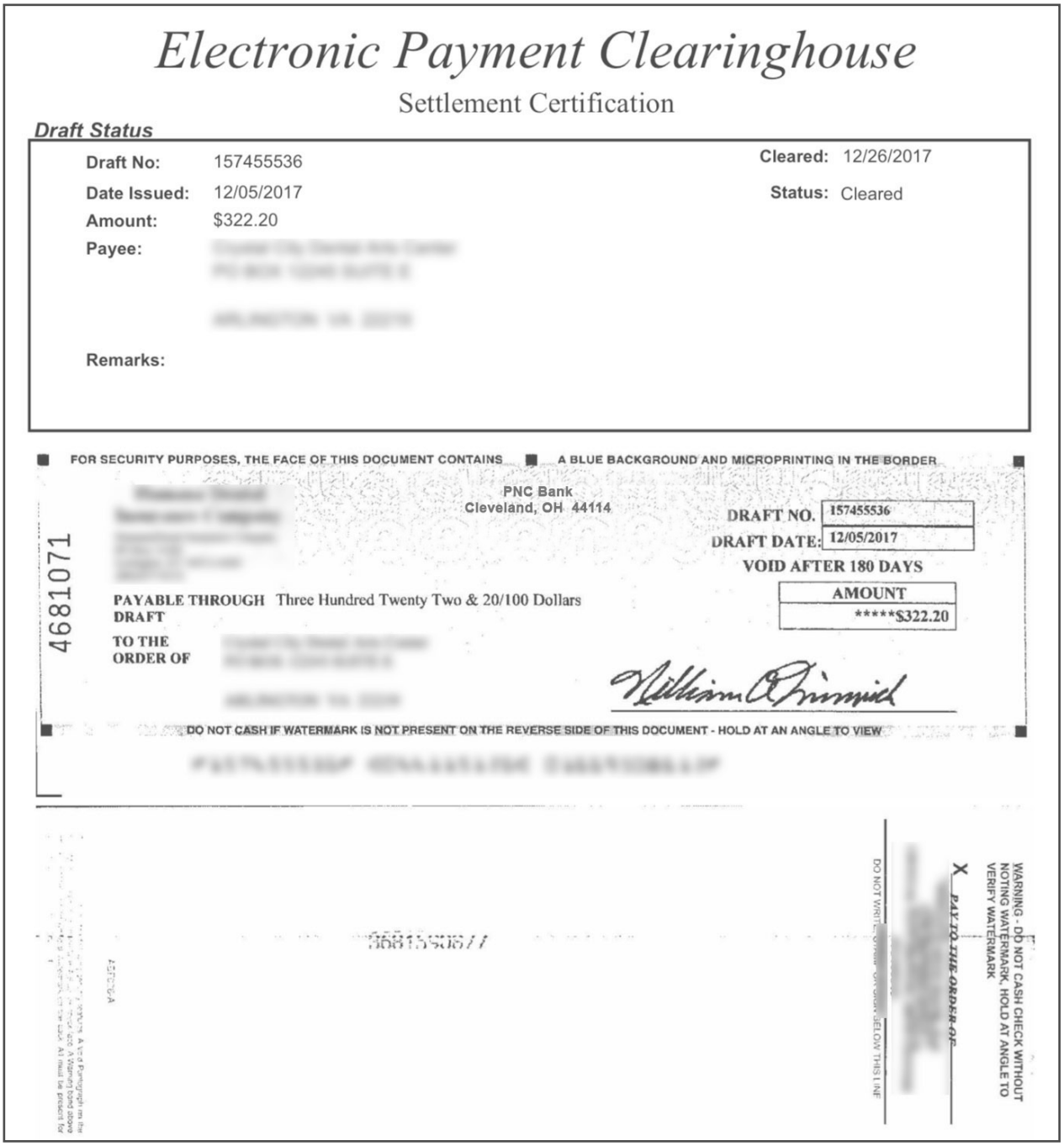
Sample Draft

The **Draft** option, illustrated in the next two screenshots, allows you to see exactly where in the banking system your draft resides.



Electronic Payment Clearinghouse

Settlement Certification

Draft Status

Draft No:	157455536	**Cleared:**	12/26/2017
Date Issued:	12/05/2017	**Status:**	Cleared
Amount:	$322.20		
Payee:	[redacted]		
Remarks:			

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A BLUE BACKGROUND AND MICROPRINTING IN THE BORDER

[redacted]

PNC Bank
Cleveland, OH 44114

DRAFT NO. 157455536
DRAFT DATE: 12/05/2017
VOID AFTER 180 DAYS

4681071

PAYABLE THROUGH DRAFT Three Hundred Twenty Two & 20/100 Dollars

AMOUNT
*****$322.20

TO THE ORDER OF [redacted]

DO NOT CASH IF WATERMARK IS NOT PRESENT ON THE REVERSE SIDE OF THIS DOCUMENT - HOLD AT AN ANGLE TO VIEW

[redacted]

[redacted]

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE

X PAY TO THE ORDER OF [redacted]

WARNING - DO NOT CASH CHECK WITHOUT NOTING WATERMARK. HOLD AT ANGLE TO VERIFY WATERMARK

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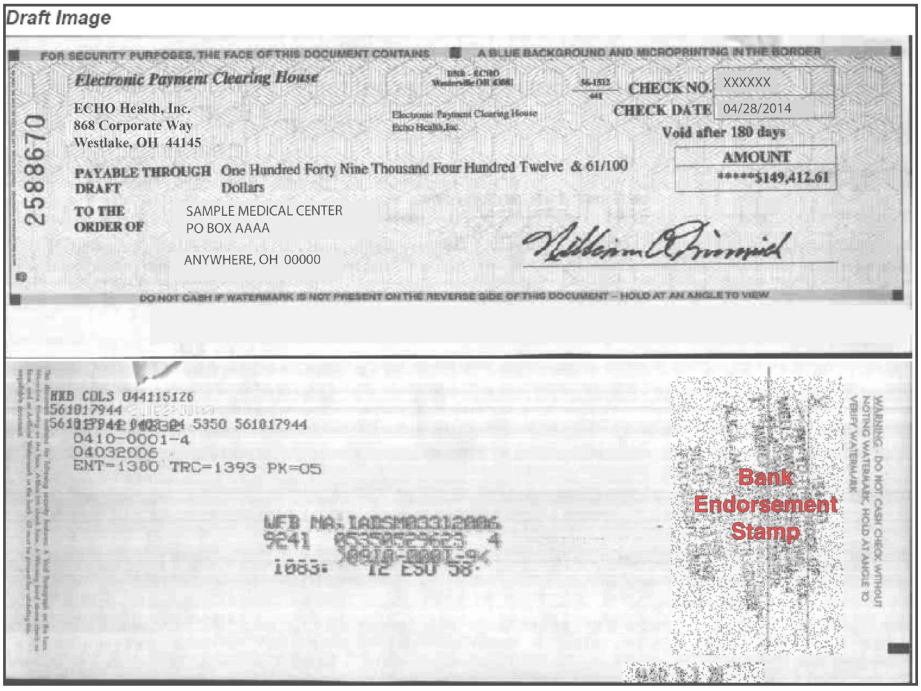
Once available, you will also be able to produce an image showing the front and back of any cleared draft, as shown in the screenshot below.

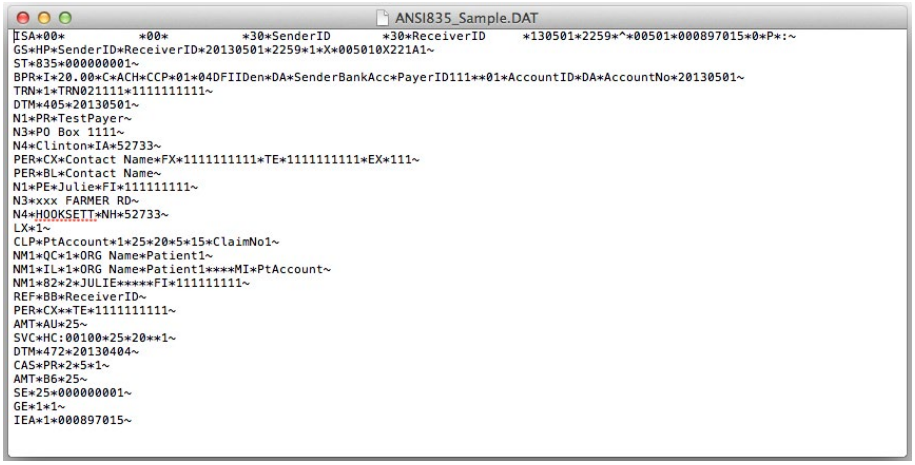


Sample OD (Other Documents)

When available, other documents may be requested for specific types of claims. Adverse Determinations or Predeterminations images can be created with a click of your mouse. Save these images as PDFs with the free ADOBE READER, or you can print or FAX from your web browser.

Sample 835 File Data

Click the **835** link to open and download the ANSI 835 data file. See a sample file below.



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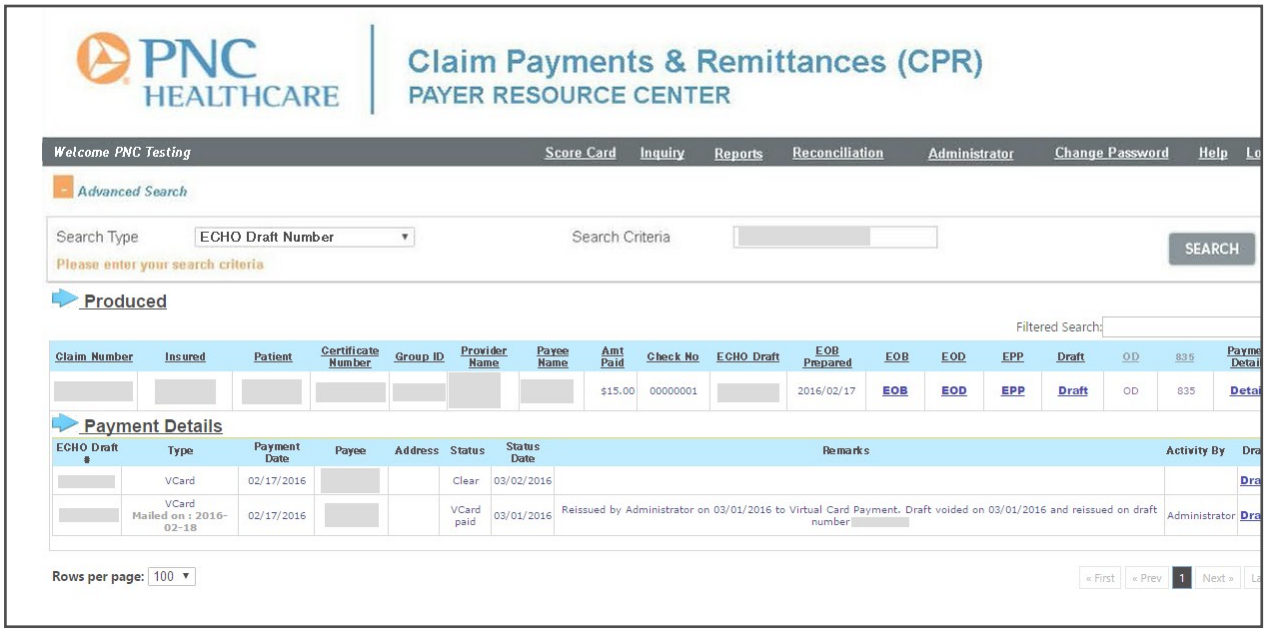
Sample Payment Details

Click on the **Payment Details** link to view activity associated with a specific draft.



Descriptions for **Payment Details** fields are listed below:

- **ECHO Draft #**: Displays the current and any historical draft numbers associated with the payment
- **Type**: Displays the payment method; includes fax or mail information if the payment type is VCard
- **Payment Date**: Draft date
- **Address**: Pay-to address
- **Status**: Displays the status of the payment as **Clear** (paid), **Reissue**, **Void** or **Blank** if payment is outstanding
- **Status Date**: The date of payment status; same date as seen on **Draft Settlement** image
- **Remarks**: System-generated or user-added comments; includes notation if the payment is a pre-production void or if there is an IRS lien
- **Activity By**: User name, if applicable, for draft history
- **Draft**: Link to historical **Draft Settlement** image

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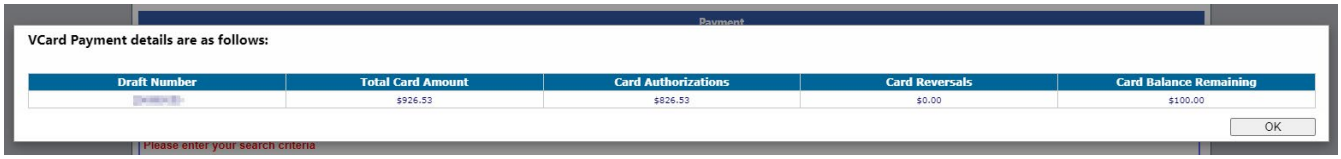
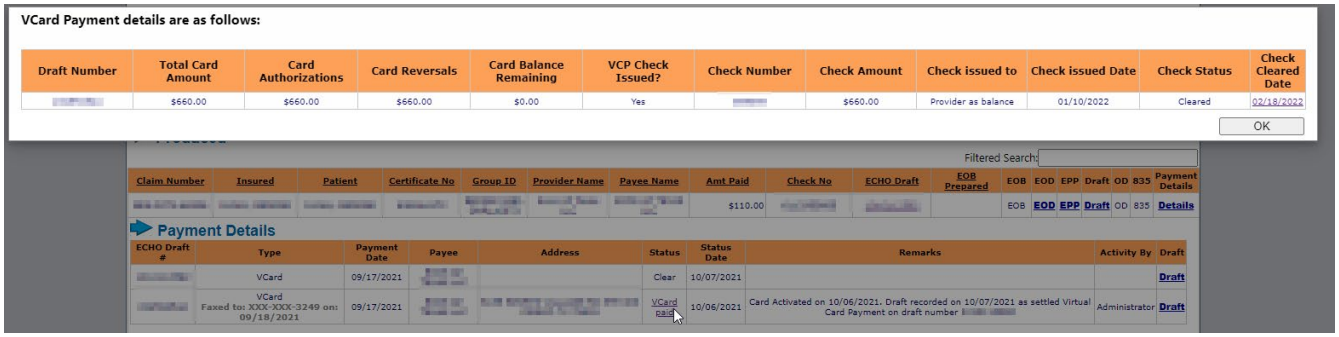
Sample VCard Paid Details

Click on the **VCard Paid** link to view virtual card activity for the specific draft. A new pop-out window will open to display high-level virtual card activity details.

VCard Paid details showing a card with a remaining $100 balance are shown in the example below:



VCard Paid details showing a card that expired with a balance of $660 after being run is shown below. Once expired, a Virtual Card check was issued for the full amount and sent to the Provider.



Descriptions for **Virtual Card Activity** fields are listed below:

- **Draft Number**: The original draft number for the payment
- **Total Card Amount:** The original total payment amount
- **Card Authorizations**: Total of all debits processed to the virtual card
- **Card Reversals**: Total of all credits processed to the virtual card
- **Card Remaining Balance**: Total balance left on the virtual card
- **VCP Check Issued**: If "Yes," a check has been issued to the Provider or Payer for the balance of the card
- **Check Number**: If a check for the balance has been issued, this is the check number
- **Check Amount**: Total amount of the check issued for virtual card balance
- **Check Issued to**: Indicates if the check was issued to the Provider or the Payer
- **Check Issued Date**: Date of issuance for Virtual Card Balance check
- **Check Status**: Will indicate if the Virtual Card Balance check is outstanding, voided or cleared
- **Check Cleared Date**: If cleared, the date will be present here. The link will display the Virtual Card Balance check and EPP, if available

It is possible that more than one check for the Virtual Card Balance can be generated in cases where: a) the first check expires, b) the check needs to be sent partially to the Payer and partially to the Provider, or c) the check needs to be re-issued for any reason.

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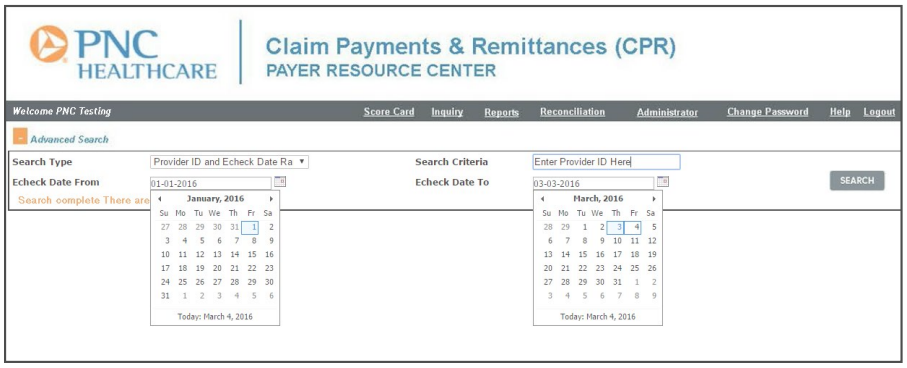
Search Type: Provider ID and Echeck Date Range

On the **Inquiry Page**, click on the **Provider ID and Echeck Date Range** item in the **Search Type** drop-down menu. The screen below will appear. Enter the **Echeck date From** by clicking the calendar icon *(to the right of the date entry box)* and selecting the date. Enter the **Echeck date To** by clicking the calendar icon *(to the right of the date entry box)* and selecting the date. Enter the **Search Criteria** *(**Tax ID/Provider ID**)*.



Search Type: Certificate Number and EOB Prepared Date Range

On the **Inquiry Page**, click on the **Certificate Number and EOB Prepared Date Range** item in the **Search Type** drop-down menu *(see screenshot below)*. Enter the **EOB date From** by clicking the calendar icon *(to the right of the date entry box)* and selecting the date. Enter the **EOB date To** by clicking the calendar icon *(to the right of the date entry box)* and selecting the date. Enter the **Search Criteria** *(**Certificate Number**)*.

Search Type: View 1099

To view a 1099 for a specific TIN and year, select **View 1099** from the **Search Type** drop-down**,** choose the year from the **Year** drop-down, enter the Federal Tax ID number in the **TIN** box and click **View 1099** to the right of the blue arrow *(see screenshot below)*.

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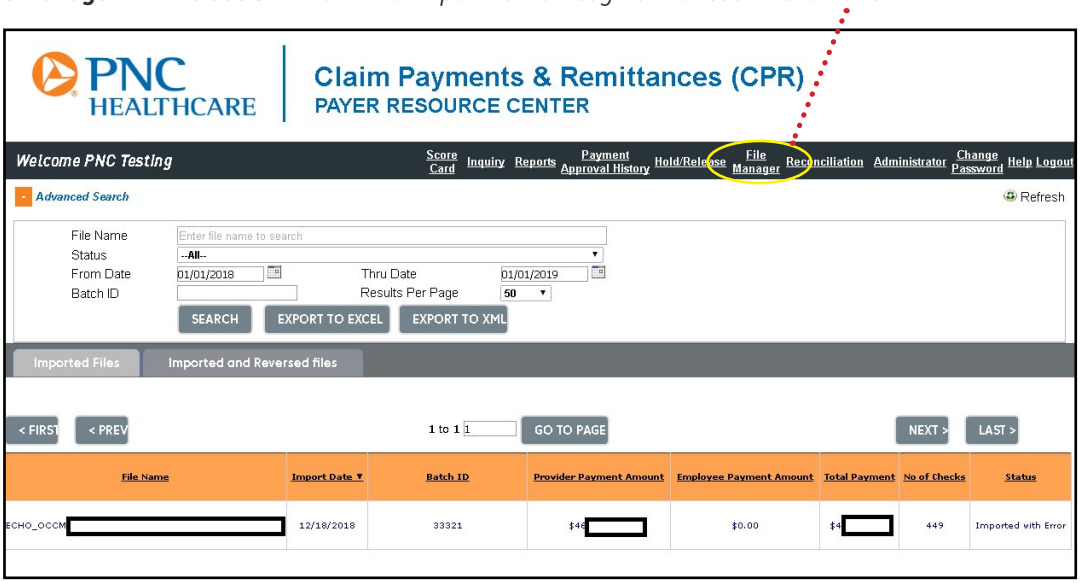
File Manager

File Manager is available for users to view the status of imported files and files that imported and were later removed from CPR.

Soon, **File Manager** will include a *link to PDF of Import Acknowledgment for each file for review.*



Searching in File Manager

- To search for a file's import details, enter the **File Name** and click search.
- To search for all files imported, leave the **File Name** field blank and search by entering the **From Date** and **Through Date.**
- The default search is set to display the last single week of import data.
- Search results can be sorted by any column by clicking on the column header.
- Search results can be exported to EXCEL or XML.

File Information Provided

For each file, File Manger will indicate the following:

- **File Name**: This is the name of the file that was imported to CPR
- **Status**: One of four options shown below –

  Importing – This status indicates that the file is currently importing into CPR

  Imported – The file imported successfully

  Imported with Error – Indicates that the file imported successfully, but with import errors that require attention before the file can be approved for processing

  Imported with Error and Reversed – This status indicates that the file imported successfully with import errors and was reversed from the system; these files are no longer available in the Payer Control Portal.
- **Import Date**: Date that the import completed
- **Batch ID**: File import batch indicator – will match the **Batch ID** on the corresponding Import Acknowledgment
- **Provider Payment Amount**: Total dollar amount for all provider payments included in the file
- **Employee Payment Amount**: Total dollar amount for all employee payments included in the file
- **Total Payment Amount**: Total dollar amount of all payments included in the file
- **Number of Checks**: Total number of checks included in the file

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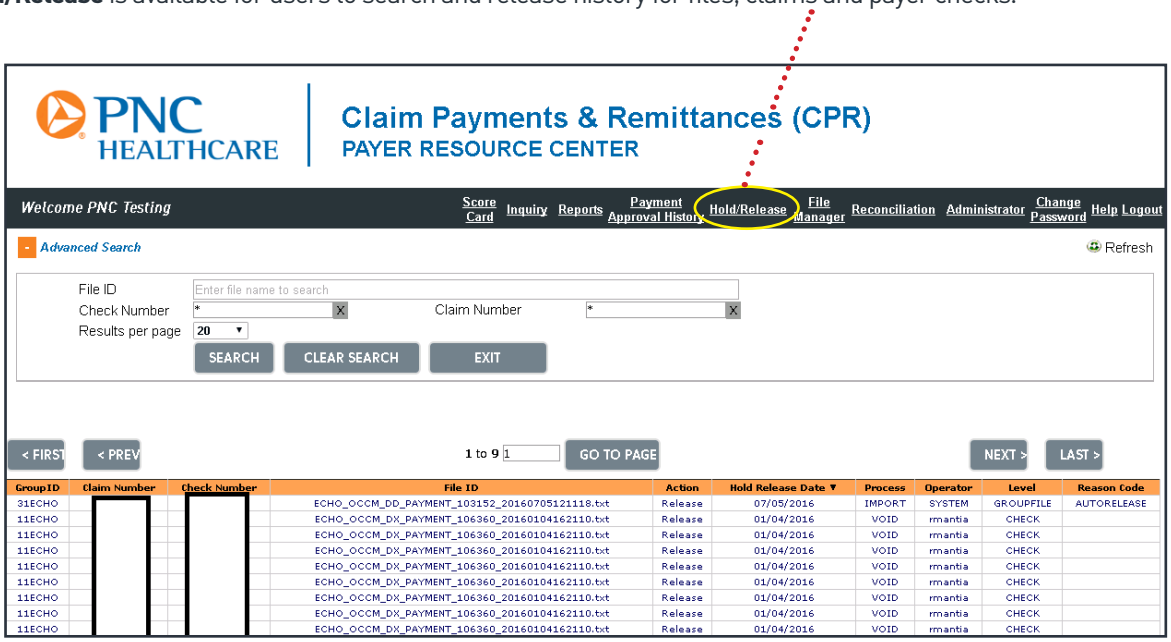
Hold/Release Search

Hold/Release is available for users to search and release history for files, claims and payer checks.



Searching in Hold/Release

- To search for a file's **Hold/Release** details, enter the file name and click search.
- To search for specific checks or claims, enter the check or claim number, or both. Leave the * criteria to return a check number for all associated claims or a claim number and all associated checks.

Hold/Release Information

For each **Hold/Release** record, the search will display the following:

» **Group ID**: This is the group number belonging to the claim

» **Claim Number**: The payer's claim number for the record

» **Check Number**: The payer's check number for the record, if applicable

» **File ID**: This is the name of the file that was imported to CPR

» **Action**: Indicates if a record was a **Hold** action or a **Release** action

» **Hold Release Date**: Date of the action

» **Process**: This will indicate if the action was taken on import, while the file was in the Payer Control Portal, or post-production *(in the case of Stoploss payments)*

» **Operator**: Shows if the action was taken by the system or by an individual user

» **Level**: Indicates if the action was on an individual check, group, or entire file

» **Reason Code**: Displays the reason specified at the time of the **Hold** or **Release**, if applicable

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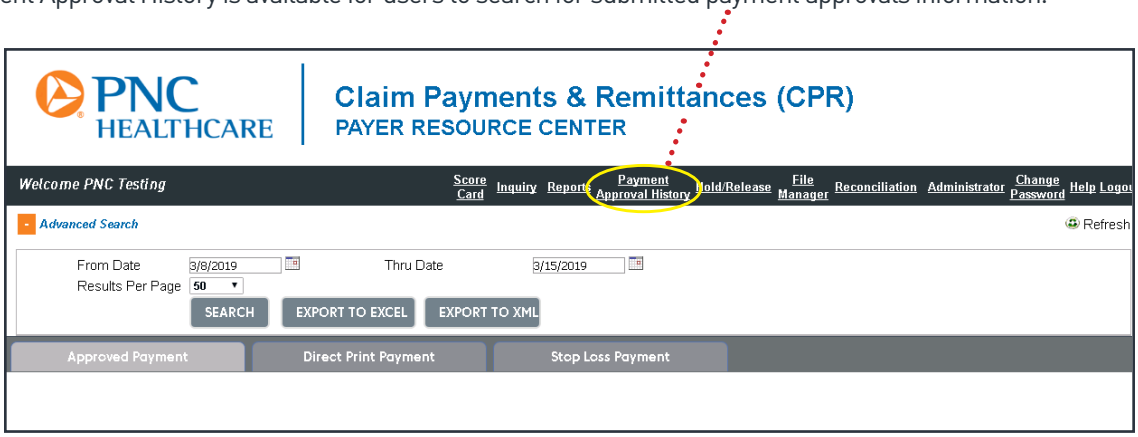
Payment Approval History

Payment Approval History is available for users to search for submitted payment approvals information.



Searching in Payment Approval History

- To search for payment approval records, enter a date range and click **Search**.
- The default search is set for the last week of payment approval history. Search results can be sorted by an column by clicking on a column header.

Search Information Displayed

For each payment approval record search, the following information will be displayed:

» **Approval Cycle Number**: Each payment approval is assigned a number that corresponds to the batch number indicated on your payment approval email confirmation

» **Date Closed**: The date of payment approval

» **Approved Payments**: Total dollar amount of the payment approval cycle

» **Pre-production Voids**: Total amount of payments voided prior to the payment approval

» **Provider Payments**: Total dollar amount of provider payments included in the payment approval

» **Provider Checks**: Total count of provider checks included in the payment approval

» **Member Payments**: Total dollar amount of member payments included in the payment approval

» **Member Checks**: Total count of member payments included in the payment approval

» **Payment Date**: Date of payment approval

» **Approved By**: Indicates the user or system submitting the payment approval

» **Approval Type**: Indicates whether approval is full **(FullApproval)** or

» **Status Action**: Indicates if the action was an **Approval** or an **Approval Reversal**

Direct Print Payment History

Direct Print Payment History is available in this application on a separate tab.

Stop Loss Payment History

Stop Loss Payment History is available in this application on a separate tab.

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Reports Page

Useful reports can be created to view important details related to payments. Eight report options are available, with a brief description of each given in the list below. Information from each report can be sorted by clicking on the column heading.

ECHO Draft Issued Report – Allows you to view the total number and amount of drafts issued based on your search criteria. Narrow the information by date range (ECHO draft issue date) by entering the From Date and Thru Date, by Group and by Tax ID (Tax ID Number, or TIN). The report returns your check number (Check No), ECHO draft number (Draft No), Payee, date Issued (your check date), Amount (of your payer check), date Cleared, Fund Date, and the Payee TIN of each draft. Clicking the ECHO Draft No allows you to view the draft status information.

Audit Report – For complete reconciliation, leave the date range and group information blank to see a snapshot of your total funding with CPR. If you don't require a full audit, you can view items Issued, Voided, Outstanding and Cleared by refined search criteria. Narrow data by Group, Tax ID and Date. The date range is based on your payer check date.

Check Cleared Report – View checks that have settled within a certain date range (cleared date of draft). This can be narrowed by Date, Group and Tax ID.

Check Issued Report – View the total number and amount of checks Issued, Cleared, Voided and Outstanding based on your search criteria. Narrow viewed information by date range (your payer check date), Group and Tax ID. The report returns your check number (Check No), ECHO draft number (Draft No), Payee, date Issued (your check date), Amount (of your payer check), date cleared, Fund Date and the Payee TIN of each draft.

Outstanding Check Report – Running this report without any specific criteria returns the total number of checks and amount of outstanding items. Refine the search by entering a Thru Date, Group or Tax ID. This will search for outstanding checks with your check date less than the date entered.

Void Check Report – List the total number of voided checks and the amount of the voids. Refine further by Group, date Voided or Tax ID. Clicking on the ECHO draft link brings up the draft status page with the reason for the void.

Expired Drafts Report – See all drafts that have expired by entering the current date in the Thru Date field, or refine by a specific date range, Group or Tax ID. This report will also display **Payee Address**. Drafts expire 180 days after the draft issue date unless otherwise requested by your organization.

Expiring Drafts Report – Enter a future date in the Thru Date field to see what drafts are nearing expiration. This will return all drafts that will expire between the current date and the date you entered.

Pre-production Voids Report – Run this new report by date range and for specific groups (or all groups) to see exactly what was voided prior to any production or funding event.

Imported Payments Not Produced Report – View payments that have been imported, but not yet produced.

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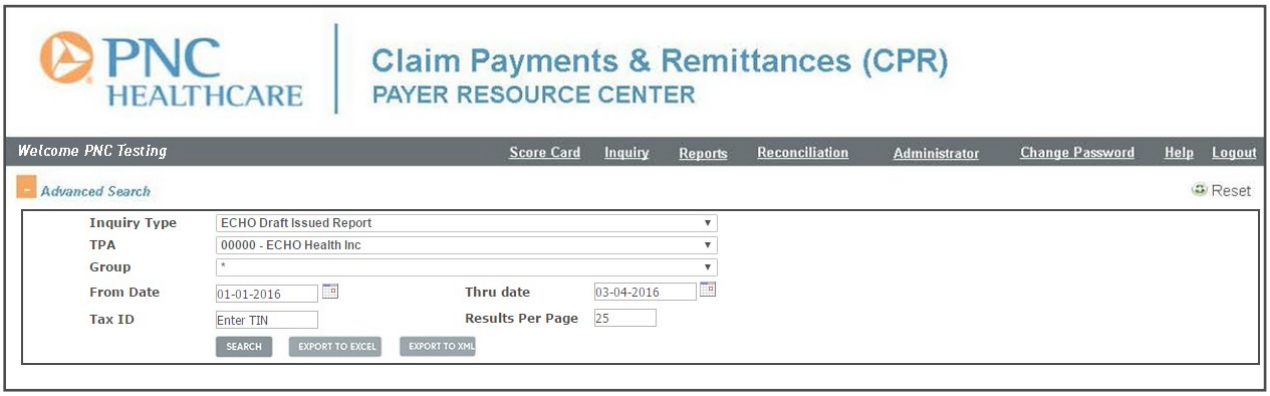
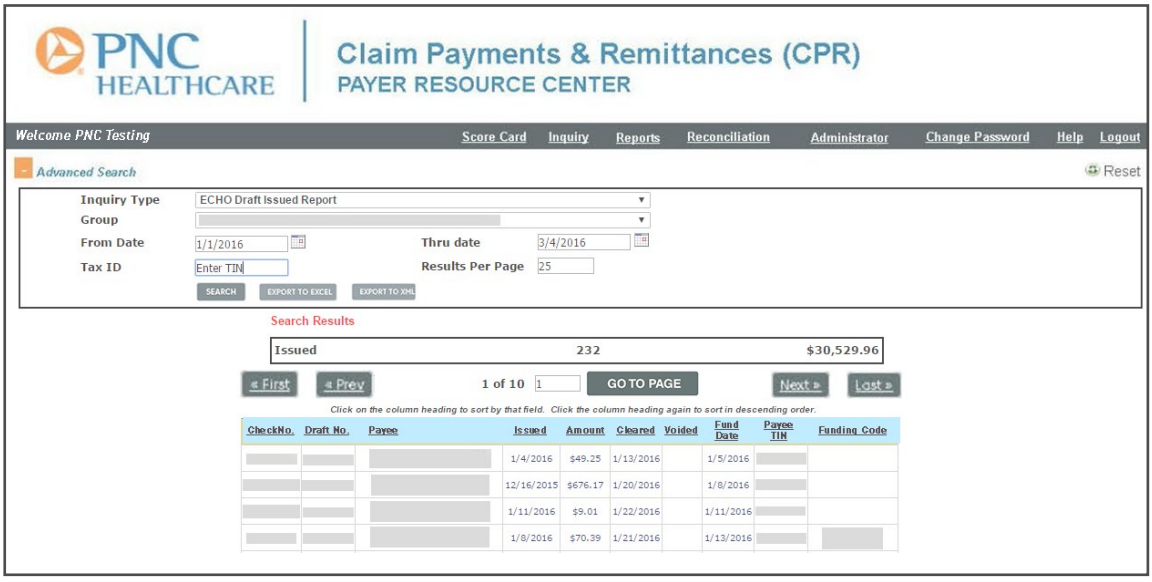
Click the **Reports** link in the menu bar near the top of the Inquiry page to open the Reports page shown in the screenshot below. From **Inquiry Type** drop-down, select the report you wish to view.

If you wish to see all ECHO Draft Issued Reports by Tax ID Number (TIN), enter the 9-digit TIN in the Tax ID box and click the Search button (see screenshot below).



You can further customize the data of the report by selecting Group or Funding Code, entering a From Date and Thru Date and clicking the Search button (see screenshot below). Click underlined data to drill down.



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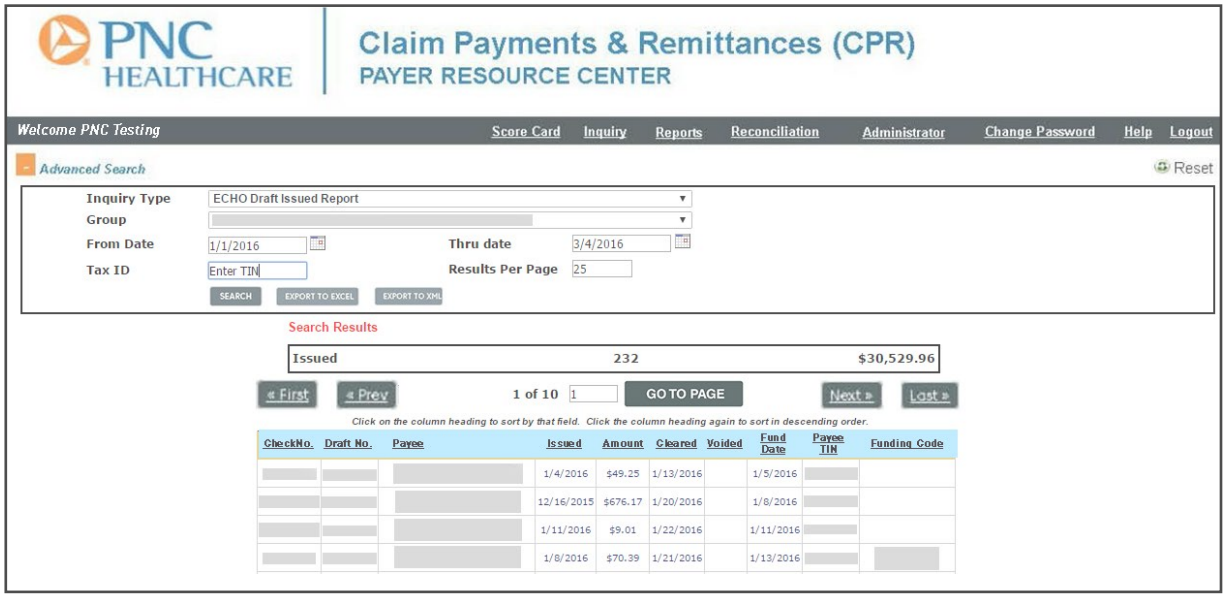
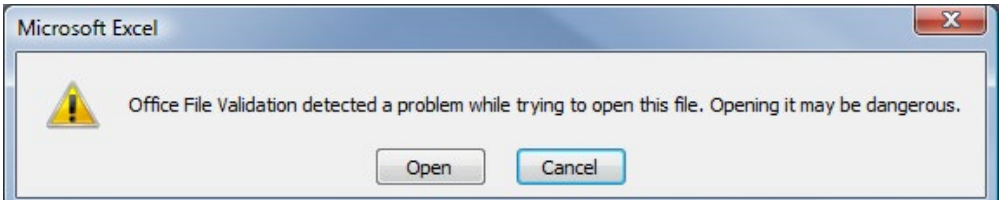
You can export **Search** results from a data drill-down to an EXCEL or XML file to use as needed *(e.g., as input for other reporting)*. Referring to the screenshot below, click the **EXPORT TO EXCEL** or the **EXPORT TO XML** button.



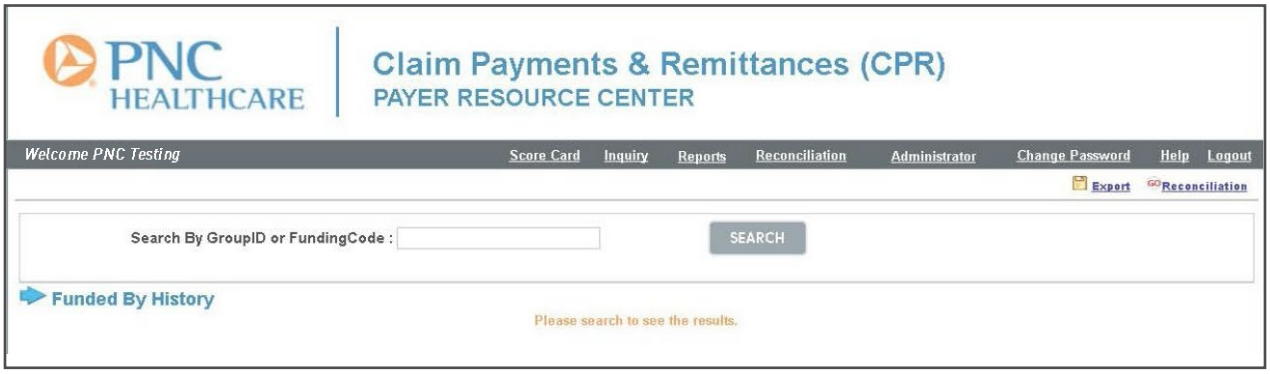
Exports

When you export your reports to EXCEL, you *may* encounter the error shown in the screenshot below when you open the EXCEL report. To prevent this error from recurring, add the report download path to your EXCEL Trusted Locations.



Reconciliation Link (this feature requires activation)

The screen below is displayed when the user selects the **Reconciliation** link.



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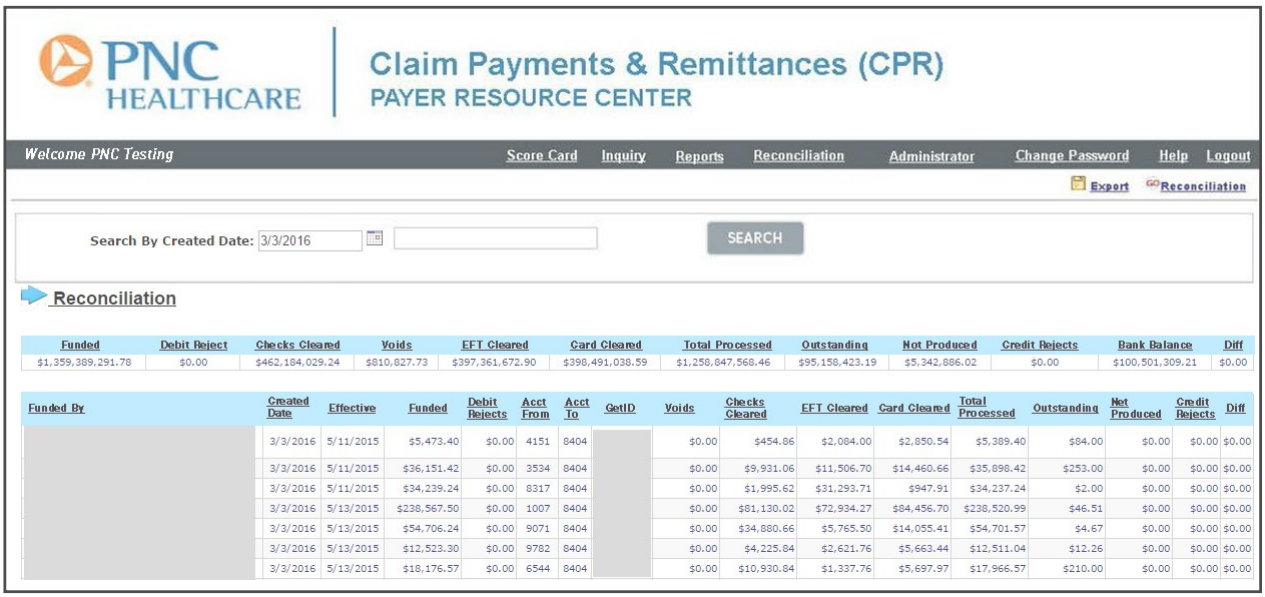
Search by **GroupID** or by **FundingCode**, and the screen below is displayed. You can click the **Export** button to export the report to EXCEL.



Funded	Debit Reject	Checks Cleared	Voids	EFT Cleared	Card Cleared	Total Processed	Outstanding	Not Produced	Credit Rejects	Bank Balance	Diff
$1,359,389,291.78	$0.00	$462,184,029.24	$810,827.73	$397,361,672.90	$398,491,038.59	$1,258,847,568.46	$95,158,423.19	$5,342,886.02	$0.00	$100,501,309.21	$0.00

Funded By	Created Date	Effective	Funded	Debit Rejects	Acct From	Acct To	GetID	Voids	Checks Cleared	EFT Cleared	Card Cleared	Total Processed	Outstanding	Net Produced	Credit Rejects	Diff
	3/3/2016	5/11/2015	$5,473.40	$0.00	4151	8404		$0.00	$454.86	$2,084.00	$2,850.54	$5,389.40	$84.00	$0.00	$0.00	$0.00
	3/3/2016	5/11/2015	$36,151.42	$0.00	3534	8404		$0.00	$9,931.06	$11,506.70	$14,460.66	$35,898.42	$253.00	$0.00	$0.00	$0.00
	3/3/2016	5/11/2015	$34,239.24	$0.00	8317	8404		$0.00	$1,995.62	$31,293.71	$947.91	$34,237.24	$2.00	$0.00	$0.00	$0.00
	3/3/2016	5/13/2015	$238,567.50	$0.00	1007	8404		$0.00	$81,130.02	$72,934.27	$84,456.70	$238,520.99	$46.51	$0.00	$0.00	$0.00
	3/3/2016	5/13/2015	$54,706.24	$0.00	9071	8404		$0.00	$34,880.66	$5,765.50	$14,055.41	$54,701.57	$4.67	$0.00	$0.00	$0.00
	3/3/2016	5/13/2015	$12,523.30	$0.00	9782	8404		$0.00	$4,225.84	$2,621.76	$5,663.44	$12,511.04	$12.26	$0.00	$0.00	$0.00
	3/3/2016	5/13/2015	$18,176.57	$0.00	6544	8404		$0.00	$10,930.84	$1,337.76	$5,697.97	$17,966.57	$210.00	$0.00	$0.00	$0.00

Field Descriptions are shown below:

Created Date = Current date report is created
Effective Date = Effective date of the ACH (Automated Clearing House) debit
Funded = Amount of the ACH debit
Debit Rejects = The only value displayed in this column is "0"
Acct From = Last four digits of account ACH debit taken from
Acct To = Last four digits of account ACH debit put into
GetID = ACH staging RID (Row Identifier) that uniquely identifies the ACH debit pull; Claim Number is included in **Get ID** details
Voids = Any claims/payments from this ACH debit that have been presented as a check
Checks Cleared = Any claims/payments from this ACH debit that have been presented as a check
EFT Cleared = Any claims/payments from this ACH debit that have been presented as an ACH (Optum or Direct ACH)
Card Cleared = Any claims/payments from this ACH debit that have been authorized and presented via a card
Total Processed = Summation of Checks Cleared, EFT Cleared, Card Cleared and Voids
Outstanding = Total payment left on ACH debit pull to be cleared (not yet cashed)
Not Produced = Dollars from an ACH debit pull waiting to be produced/consolidated
Credit Rejects = See Debit Rejects
Difference = Should always be "0"

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PNC Healthcare 835 Score Card (this feature requires activation)

Background

The 835 Score Card details the quality of your 835 and crosswalk data. Data began feeding all aspects of the Score Card on 01/20/2014 (some incomplete data were captured prior to this date).

The CPR or TPA administrator enables your viewing by setting the **View Score Card** to **Yes** or **No** on the user setup screen. The ability to manage your crosswalk is set up by your Payer Resource Center administrator. If you are set up to view the 835 Score Card, its link is displayed at the top of your PNC Healthcare menu. There are five viewing options illustrated below: **Score Card, Failure Details, Dashboard, Code Lookup** and **Manage Crosswalk**.

Score Card Information

Clicking the **Score Card** link (previous screenshot) allows you to see the success rate of 835 files by different criteria for a selected date range (screenshot below) Click the **Export to PDF** link to create a PDF with the results.

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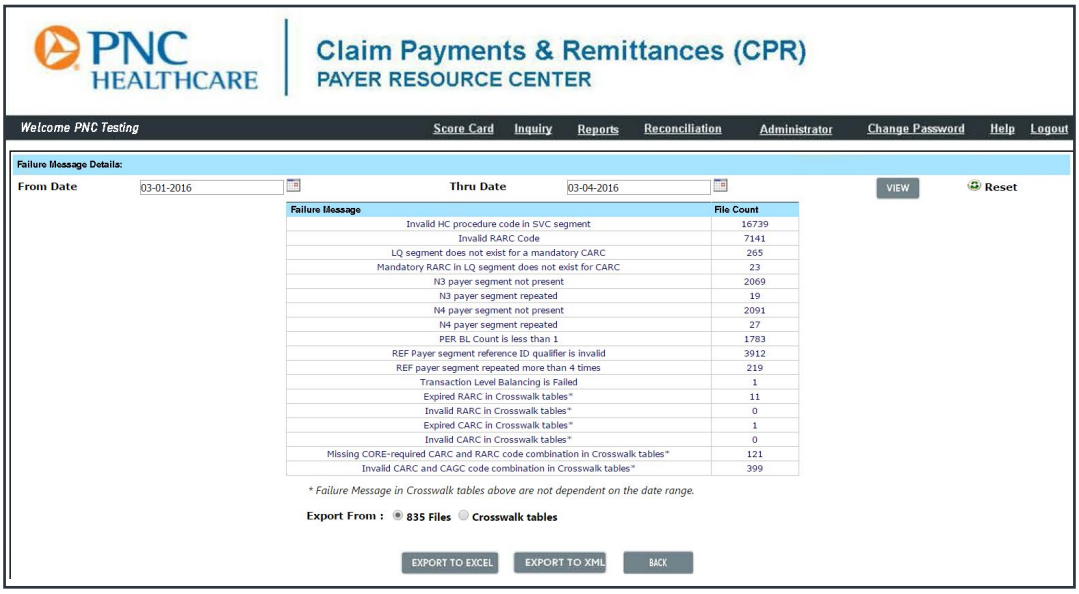
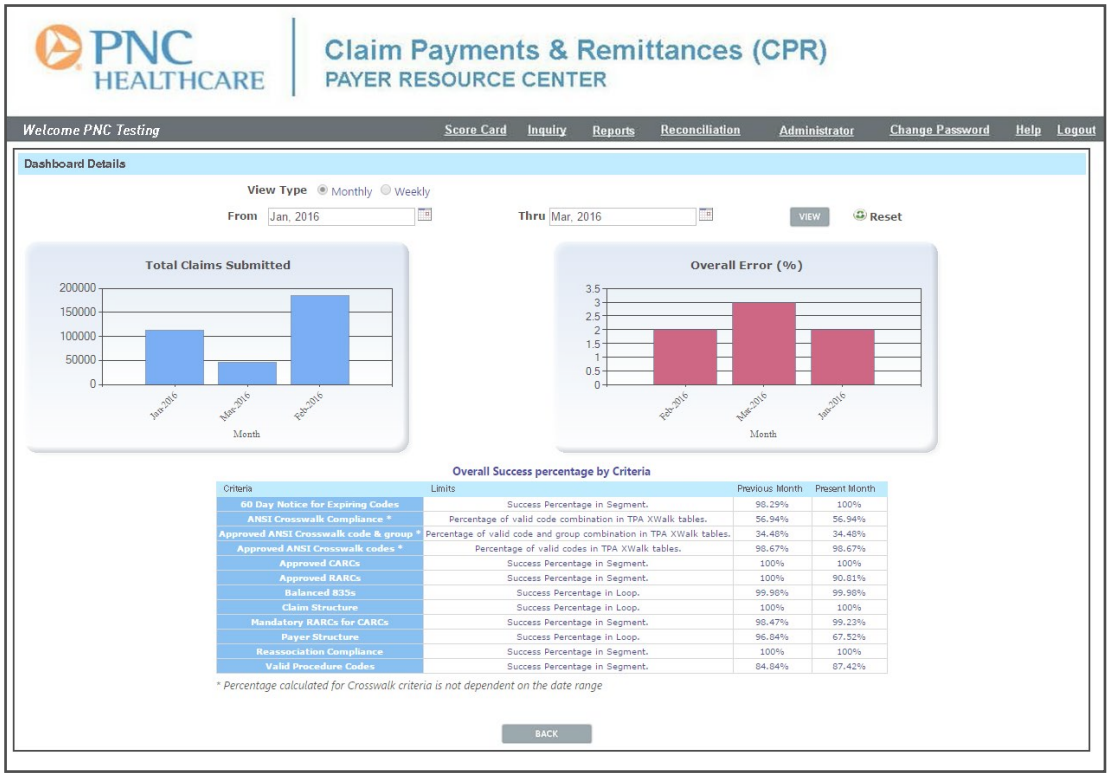
Failure Details

This feature (screenshot below) allows the user to search for the number of 835 failures by date range. You can export the details of each failed file to either EXCEL or XML.



Dashboard Details

View summary results on a monthly or weekly basis, as illustrated below. You can view **Total Claims Submitted**, **Overall Error (%)** and **Overall Success Percentage by Criteria**.



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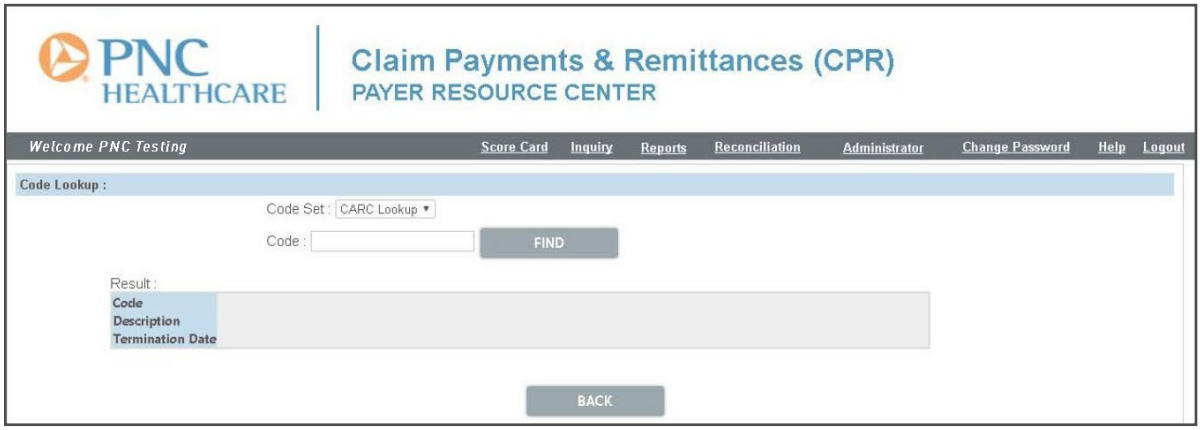
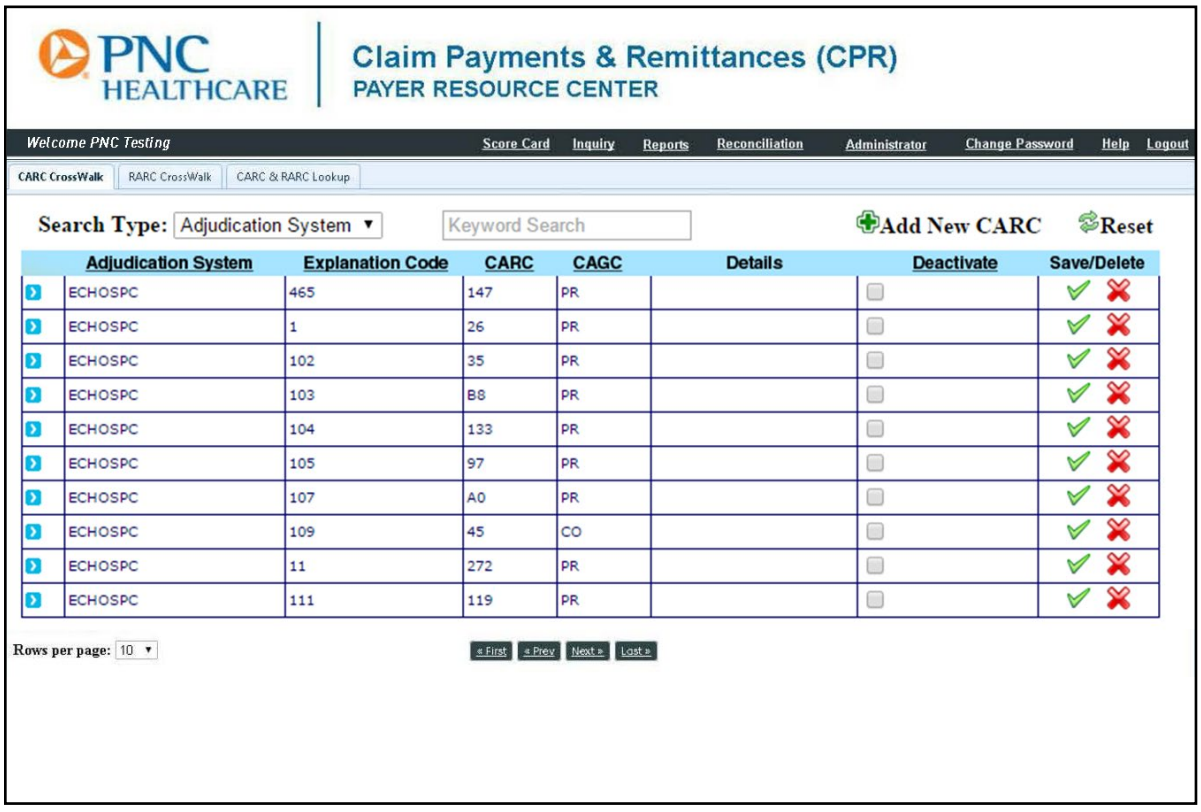
Code Lookup

This screen allows the user to lookup **CARC**, **RARC**, **CPT** and **State** codes.



Manage Crosswalk

Score Card now allows TPAs to view, add, delete and update CARCs and RARCs. Click **Score Card**, then click **Manage Crosswalk**. This will open the screen below showing existing code.



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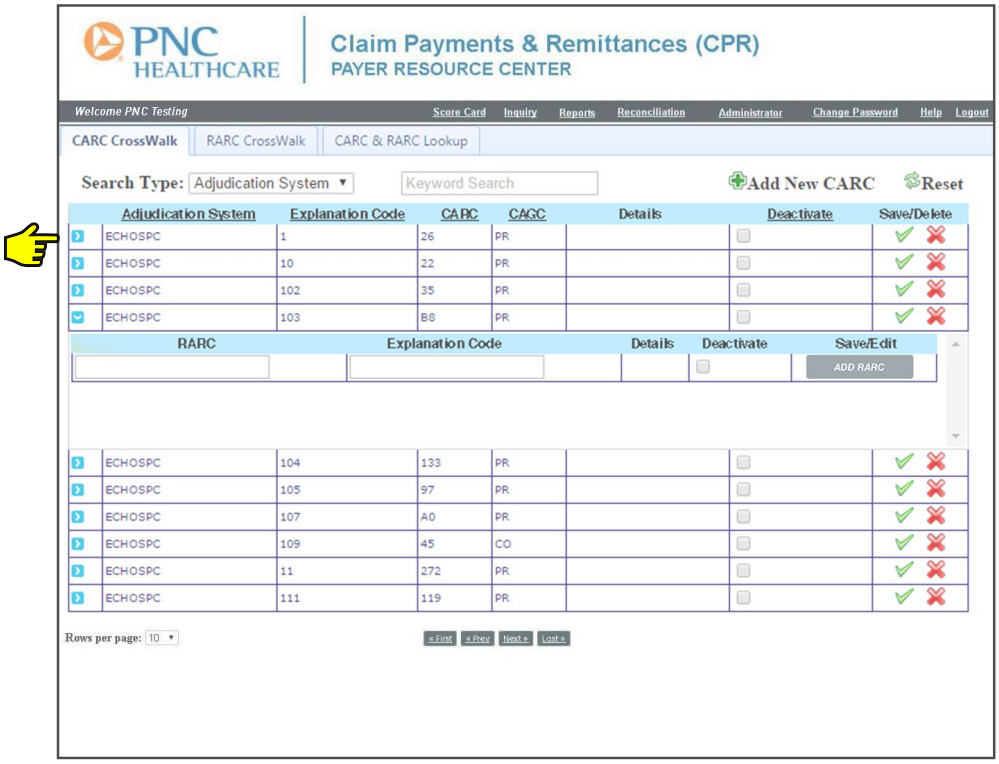
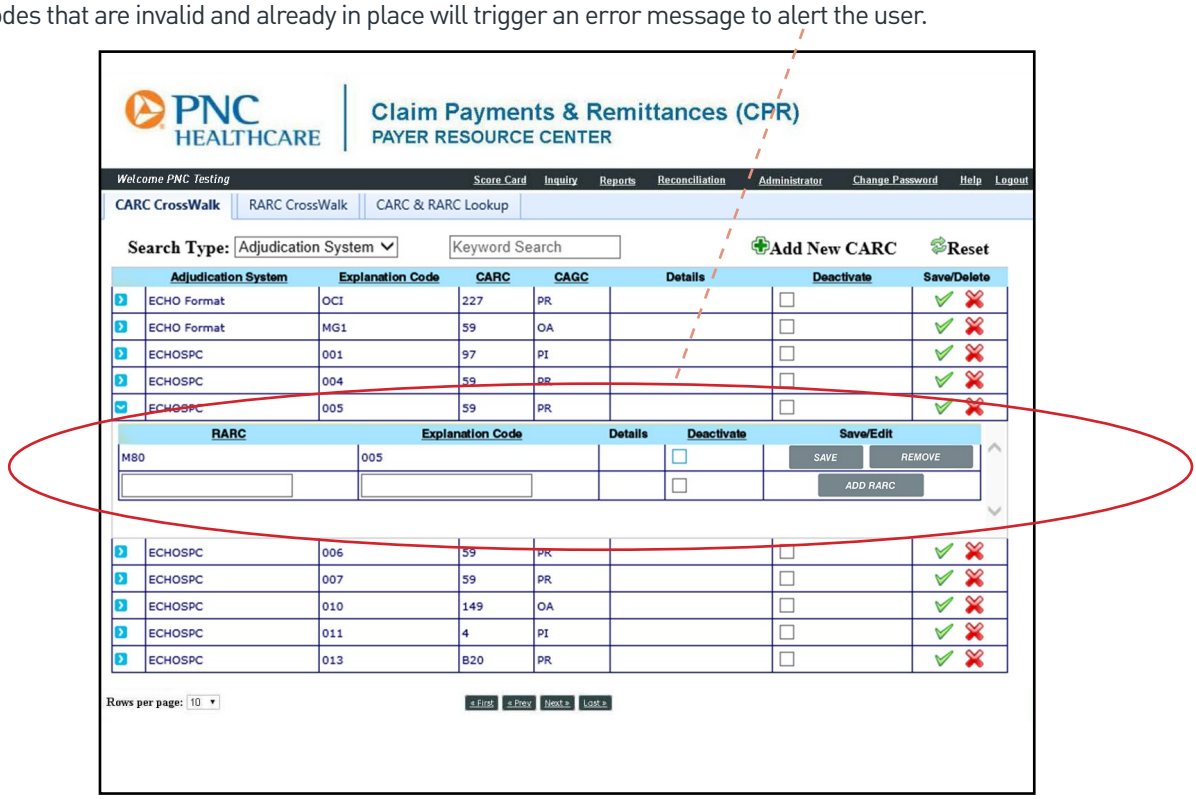
Click the blue arrow on the left to reveal the RARC associated with the CARC and all the details of the code. The user can add a new CARC by clicking **Add New CARC**. If a code is outdated, the user can deactivate it by clicking the **Deactivate** check-box and **Save**.



Any codes that are invalid and already in place will trigger an error message to alert the user.



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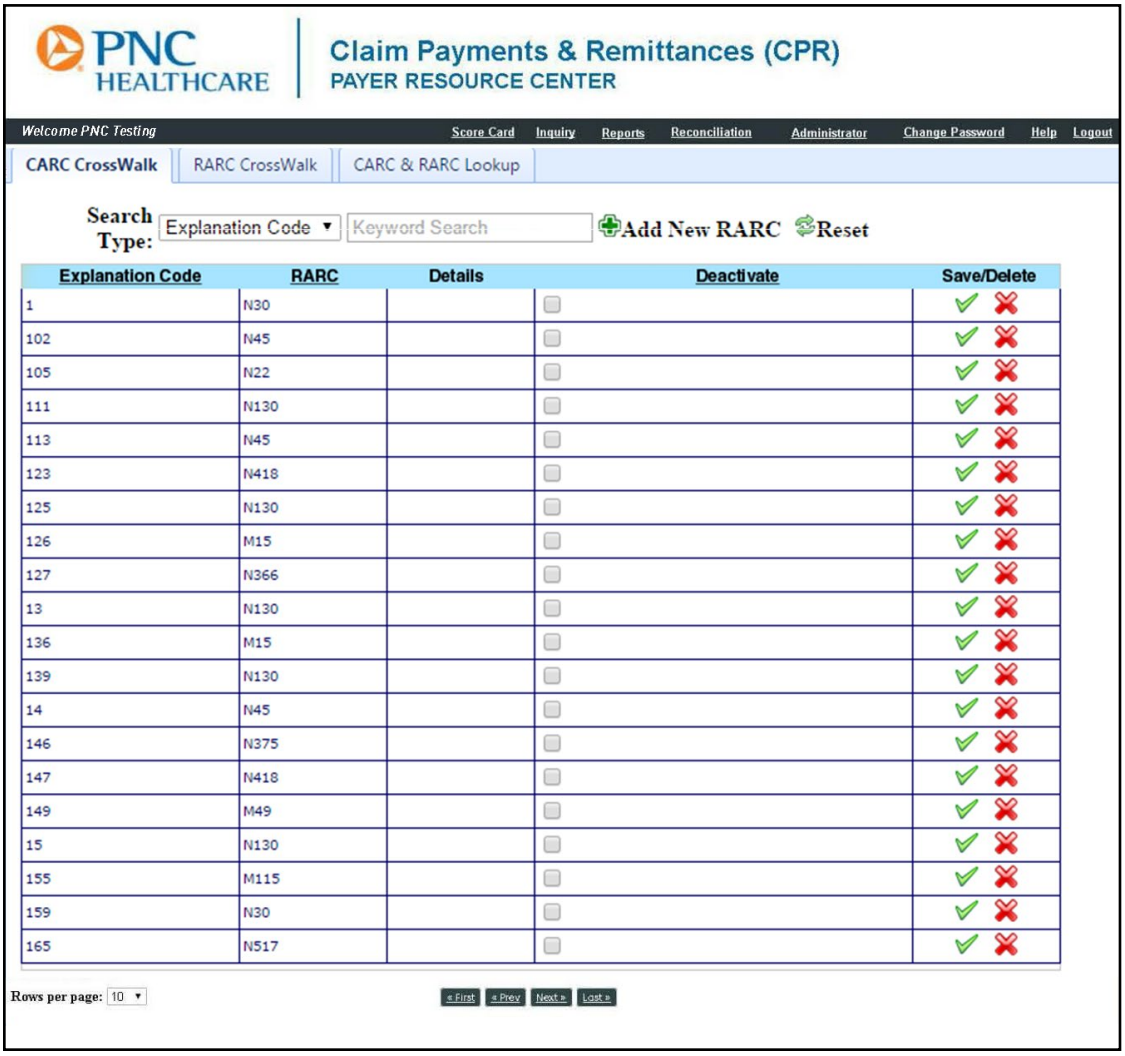
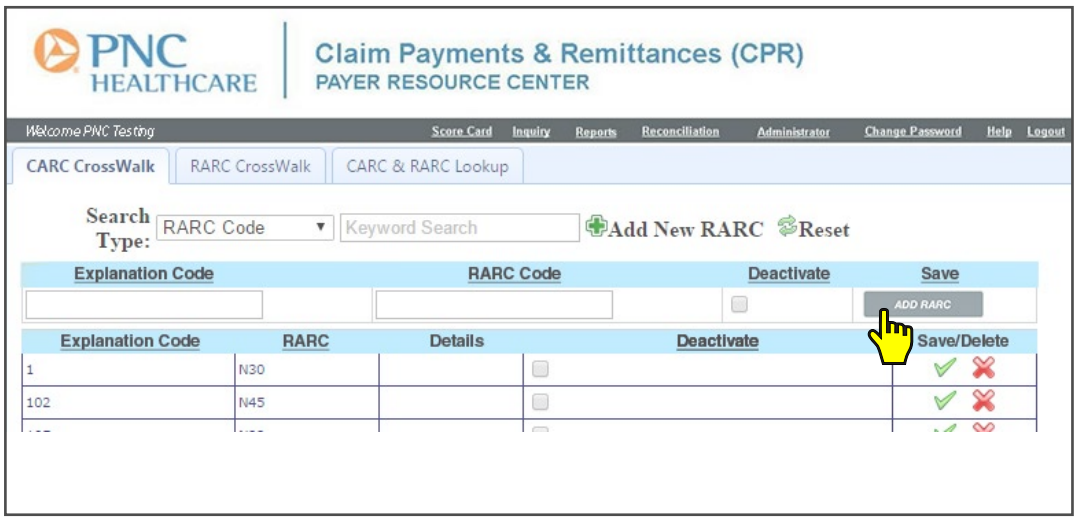
Clicking the **RARC Crosswalk** tab shows all RARCs. The user can also search for codes that are already in place *(see screenshot below)*.



Adding a new RARC can also be handled at this screen *(below)*.



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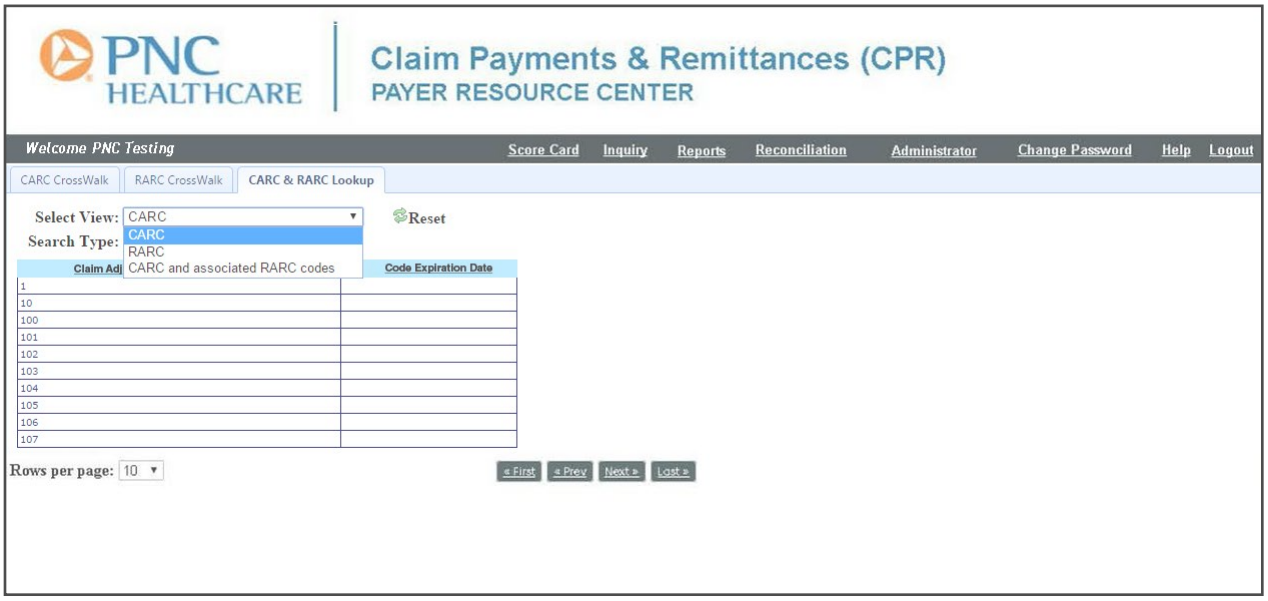
The user can look up any CARC or RARC in place by clicking on the **CARC & RARC Lookup** tab. Narrow down the search by using **Select View** and **Select Type**.



Logout

When you have completed your inquiry and report generation, log out of the Payer Resource Center I by clicking the Logout link shown in the screenshot below. Note: The Payer Resource Center inactivity "timeout" is 60 minutes.

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Glossary of Terms

835. Refers to a payment remittance that has been issued in ANSI835 format for automated posting.

ACH (Automated Clearing House). A system of the US Federal Reserve Bank that provides electronic funds transfer (EFT) between banks.

Certificate Number. A number used to identify a particular plan member or patient in a TPA or Insurance Company's records.

Check. A paper negotiable instrument payable upon demand to transfer funds from the payer to the payee.

Check Number. A number assigned to identify an individual check or checking account transaction.

Check Register. A record of all deposits and withdrawals from a given checking account.

Claim Number. A number used to identify a particular healthcare payment claim in a TPA or Insurance Company's records.

Draft. An instrument signed by a Drawer to a Drawee requesting payment at a future time to a third party.

ECHO Draft Number. The 9-digit number which identifies a payment issued by ECHO.

EOB (Explanation of Benefits). Written document provided to the insured and/or the insured's dependents by the insurance company/healthcare plan administrator explaining what has and has not been paid on a specific claim.

EOB Prepared Date. The date that the member's EOB was generated and sent by the CPR system.

EOD (EOB on Demand). When information for a claim has been imported into the CPR system, this link will generate an on-demand approximation of the member EOB that will be generated for a specific claim.

EPP (Explanation of Provider Payment). Similar to an EOB, the EPP is a written document giving the provider detail on what has or has not been paid by the TPA or insurance company for a specific claim.

Group ID. A number or code used to identify a particular employer.

Insured. The insured is the enrollee/subscriber in a healthcare plan.

Payee. The person or party to whom money is paid or due.

Payer. The party responsible for issuing a payment to a payee.

Provider ID. The healthcare provider's 9-digit federal Tax Identification Number (TIN).

TPA (Third-Party Administrator). An outside company that manages employee healthcare plans for other companies.

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